#### **APPLICATION DATA SHEET**

#### **Application Information**

Application Type:: Divisional Subject Matter:: Utility CD-ROM or CD-R?:: None

Title:: ADHESION PROCESS

Attorney Docket Number:: P-6017-D1

Request for Early Publication?:: No Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 0
Small Entity?:: No
Petition Included?:: No
Secrecy Order in Parent Application?:: No

#### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity
Given Name:: Michael J.
Family Name:: Tzivanis
City of Residence:: Chicopee

State or Province of Residence:: MA Country of Residence:: US

Street of Mailing Address:: 36 Tolpa Court

City of Mailing Address:: Chicopee

State or Province of Mailing Address:: MA
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 01020

Applicant Authority Type:: Inventor Primary Citizenship Country:: US

Status:: Full Capacity
Given Name:: William M.

Family Name:: Risen

Jr. Name Suffix::

Rumford City of Residence::

State or Province of Residence:: RI Country of Residence:: US

87 Miller Street Street of Mailing Address::

Rumford City of Mailing Address::

State or Province of Mailing Address:: RI US Country of Mailing Address:: 02916

Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

**Full Capacity** Status:: Robert A. Given Name:: Family Name:: Weiss

Mansfield Center City of Residence::

State or Province of Residence:: CT Country of Residence:: US

70 Kaya Lane Street of Mailing Address:: Mansfield Center City of Mailing Address::

CT State or Province of Mailing Address:: US Country of Mailing Address:: Postal or Zip Code of Mailing Address:: 06250

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Full Capacity Status:: Thomas J. Given Name:: Family Name:: Kennedy

Name Suffix:: Ш

Wilbraham City of Residence::

State or Province of Residence:: MA US Country of Residence::

Street of Mailing Address:: 3 Mirick Lane City of Mailing Address:: Wilbraham

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State or Province of Mailing Address:: MA Country of Mailing Address:: US

01095 Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: David M. Family Name:: Melanson

City of Residence:: Northampton
State or Province of Residence:: MA

Country of Residence:: US

Street of Mailing Address:: 73 Barrett Street #4122

City of Mailing Address:: Northampton

State or Province of Mailing Address:: MA
Country of Mailing Address:: US

Postal or Zip Code of Mailing Address:: 01060

#### **Correspondence Information**

Correspondence Customer Number:: 24492

Phone number:: (413) 322-2937 Fax Number:: (413) 322-2575

E-Mail address:: mbugbee@topflite.com

# Representative Information

Representative Customer Number::	24492
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# **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Divisional	09/885,835	06/20/01

# Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

### **Assignee Information**

Assignee name:: The Top-Flite Golf Company

Street of Mailing Address:: 425 Meadow Street

P.O. Box 901

City of Mailing Address:: Chicopee

State or Province of Mailing Address:: MA Country of Mailing Address:: US

Postal or Zip Code of Mailing Address:: 01021-0901